



FACSCalibur sample submission form

Contact Information			
Principal Investigator		Phone #	
Contact Person		Phone #	
Appointment Date/Time			

Description of Experiment	
Type of cells/Particles	
Pathogenic potential?	
Briefly explain the objectives:	
Cell concentration (ideal 1×10^6 /ml)	
Volume provided (at least 400 μ l)	
# of event to save (e.g. 10,000)	

Sample Information						
#	Sample Name	Tissue	FL1	FL2	FL3	FL4
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